

EARLY INTERVENTION SERVICE SPECIFICATIONS

Service Description

This service provides activities to meet the developmental needs of an eligible child and to meet the needs of the family related to enhancing the child's development.

Service Setting

1. This service must be provided in natural environments to the maximum extent appropriate to the needs of the child;
2. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc, in which children without disabilities participate;
3. The Individualized Family Service Plan (IFSP) team may designate other than a natural environment only when the outcomes identified on the IFSP cannot be met providing the service in a natural environment; and
4. In the few situations where the team decides that it is impossible for the child to meet an outcome in a natural environment, it must provide justification for its decision and a plan with a timeline to provide the service in a natural environment.

Service Goals and Objectives

Service Goals

1. To establish core team(s) of early intervention practitioners using a team lead approach in the delivery of early intervention services that provide a perspective of the whole family. The qualified vendor shall establish core teams (see definitions) and ensure that the initial planning process and IFSP implementation is comprehensive, holistic and timely;
2. To ensure each family's early intervention team is uniquely configured based on the priorities, resources, concerns, and interests of the family. The family works primarily with the team lead, who is supported through consultation with and the participation of other team members;
3. To ensure that the team lead, when not also acting as the service coordinator, works closely with the family's service coordinator;
4. To ensure coordination with other public and private resources within the community the family has access to;
5. To recognize and support the family and/or caregiver as the primary recipient of early intervention services on behalf of the child;
6. To focus on functional and meaningful outcomes that are measurable for children, that engage children in their relationships with their family, caregiver(s) and other community members or extended family important to the child and family's culture or way of being; and
7. To ensure that the core team members are willing and able to release and/or assume others' roles in the team process incorporating the team lead approach.

Service Objectives

The qualified vendor shall:

1. Establish core team(s);
2. Receive referrals from DES/DDD, per an auto-assign process;
3. Establish and implement procedures to identify the initial team lead for each child and family referred;
4. Plan and implement evaluation and assessment activities to support the determination of eligibility for DDD and AzEIP, including the DDD support coordinator, team lead and other members as appropriate for the child and family;
5. For children who are found eligible, work with the DDD support coordinator in the development of the initial Individualized Family Service Plan (IFSP) within 45 days calendar days of the date of the referral to DDD;
6. Establish and implement procedures to ensure that implementation of the IFSP is a seamless experience for families, accomplished through relationships with the team lead in consultation with the other IFSP team members;
7. Establish and implement procedures to develop and implement subsequent IFSPs, IFSP reviews and transition planning that adhere to the criteria specified in Sec; 303;344 of the IDEA, Part C regulations;
8. In partnership with family, the designated service coordinator, and other team members, assess and document progress toward IFSP outcomes; and
9. Ensure that any transition is efficient and seamless, working in concert with the designated service coordinator (e.g., transition to provider, transition to preschool etc.).

Service Utilization Guidelines

1. All goals and outcomes on the IFSP belong to the family rather than an individual team member;
2. The Division shall auto-assign referrals to the next available qualified vendor within the region in which the child and family reside. The qualified vendor shall, on a weekly basis, inform the Division representative of their availability to receive referrals within each of the regions in which they are registered. If for any reason a qualified vendor is unable to accept a referral, the referral will be made to the next available qualified vendor in that region;
3. The ongoing team lead is identified by the IFSP team and is assigned based on the developmental needs of the child in relationship to the concerns and priorities of the family. The team lead may change based on changes in the child's development and the family's concerns and priorities and should be managed through the IFSP process. The team lead assumes primary responsibility on behalf of the team for the delivery of service(s) to the family and child by consulting with the other team members;
4. Services must be identified and provided based on the concerns and priorities of the family and not on the availability of team members;

5. The qualified vendor shall have the capacity to access, as needed, specialized expertise within the core team disciplines (e.g., feeding expertise within the speech and language pathology field or mobility expertise within the field of physical therapy, etc.);
6. The qualified vendor shall work with Division staff to access service and supports identified in an IFSP that are outside the scope of the core team (e.g., nutrition);
7. The qualified vendor shall have the capacity to access, or coordinate access to, interpretation and translation services;
8. The qualified vendor shall use forms, notices and releases prescribed by the Division and AzEIP;
9. All child files shall remain the property of the state and shall be accessible to representatives of the state. All child files shall be kept in compliance with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA);
10. The qualified vendor shall coordinate with Native American early childhood programs in their regional area by developing working relationships and ongoing communication to ensure the provision of early intervention services;
11. The vendor shall use the list of acceptable screening and evaluation tools and instruments disseminated by the Arizona Early Intervention Program (AzEIP);
12. The qualified vendor shall be able to communicate effectively with the family or caregiver(s) in their primary native language;
13. The qualified vendor shall provide at least monthly supervision, monitoring and mentoring of the core team members, specific to functioning as an effective, efficient team using a team lead approach to service provision;
14. The qualified vendor shall have a statewide contract and must “register” with DES/DDD to provide services in designated regional areas. Once registered, the qualified vendor shall have the responsibility and requirement to meet the need in the regional area specified in the contract;
15. The qualified vendor shall be responsible for one or more of the designated regional areas as determined in the registration process. (See regional area configurations.);
16. DES/DDD will register multiple qualified vendors in each region. Depending upon provider capacity and/or Division need, the Division may prohibit a qualified vendor from providing both initial and ongoing services to a family;
17. In all regions, a qualified vendor may cross regional boundaries up to 30 miles to serve a family, if in the best interest of the family, qualified vendors, and the Division. A vendor may cross regional boundaries over 30 miles with the prior approval of the Division;
18. If a family requests a change in qualified vendor, they may begin the process by informing their service coordinator. The service coordinator will inform the Division representative of the family’s desire to change vendor. The family will be placed in the auto-assignment process based on the date of their request; and

19. If a family expresses a preference for choice of vendor in requesting a vendor change, they will be placed in the auto-assignment process based on the date of their request and the availability of that vendor. The Division, through the service coordinator, shall inform the family if the vendor of choice is unavailable and the projected wait time for that particular vendor and determine whether the family chooses to wait or be placed in the auto assign process. In either case, the family may choose to stay with their current vendor until a new qualified vendor is available.

Rate

To be determined

Unit of Service

To be determined

Qualifications

1. The qualified vendor shall use practitioners on the core teams that all applicable licensure, Arizona Health Care Cost Containment registration and Arizona Early Intervention Program Personnel Standards requirements;
2. The qualified vendor must be registered with the Arizona Early Intervention Program and complete a program self-assessment;
3. The qualified vendor must comply with all applicable Department of Economic Security and AzEIP policies and procedures;
4. The qualified vendor must ensure that all core team members comply with the AzEIP Professional Development System and the Standards of Practice;
5. A speech Language Pathologist must hold a license issued by the Arizona Department of Health Services. If non-certified or clinical fellowship year (CFY) personnel are used, they must be under the supervision of a certified Speech Language Pathologist;
6. An occupational therapist must be licensed by the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34. If a Certified Occupational Therapy Assistant is used they must adhere to the supervision licensure requirements of the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34;
7. A physical therapist must be licensed by the Arizona Board of Physical Therapy Examiners and a graduate from an “accredited physical therapy education program” with a curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association;
8. A psychologist must be licensed by the Arizona Board of Psychologist Examiners; have completed a doctorate from a university, college department, school or institute that has the intent to educate and train psychologists as determined by the board; and be in receipt of two professional references from individuals who are either Arizona licensed psychologists or a member in good standing of the American Psychological Association or American Psychological Society; have obtained a passing score of 70% on the written examination by the

- Association of State and Provincial Psychology Boards; and completed an oral examination by a panel chosen for Arizona licensed psychologists;
9. Social Workers must be licensed by the Arizona Board of Behavioral Health examiners (A;R;S; 32-3291-3294); with a Baccalaureate degree in social work from a program accredited by the Council on Social Work Education and a passing score on the Basic Examination by the Association of Social Work Boards; and
 10. Service Coordinators/Support Coordinators must have a minimum of a baccalaureate degree in human services or closely related field and meet the AzEIP Personnel Standards.

Administration, Recordkeeping and Reporting Requirements

1. The qualified vendor shall establish strategies, such as employment, contracts, and/or formal agreements that ensure access to the core team(s);
2. The qualified vendor shall establish and implement procedures to recruit and retain qualified personnel and subcontractors or members on formal agreements;
3. The qualified vendor shall establish and implement programmatic and fiscal controls to ensure that the referral of each family is addressed within the required timeframe; and the initial planning process and on-going services are cost-effective, maximize the use of natural supports, utilize all community, State and Federal resources available to the family and operates within the qualified vendor's budget;
4. The qualified vendor shall establish, implement, and evaluate procedures that ensure that personnel functioning under this contract are knowledgeable of the IDEA, and applicable DES, AzEIP and DDD policies, procedures, contract requirements, and qualified vendor policies and procedures;
5. The qualified vendor, if assigned by the Division to provide service coordination for ongoing services, shall ensure caseloads no greater than 1:35. If the service coordination function includes the provision of services, caseloads shall not exceed 1:15;
6. The qualified vendor, including management and core team representatives, shall agree to attend regularly scheduled meetings with the Division for support and direction in meeting the requirements of this contract;
7. The qualified vendor shall submit quarterly integrated summaries of the IFSP team activities related to the child and family's outcomes. These summaries must be submitted to the Division service coordinator, if the Division retains service coordination for the family, or a designated Division representative;
8. The qualified vendor must maintain proof of hours worked by the core team members, including team lead member time (e.g., time sheets);
9. The qualified vendor shall participate in the AzEIP Continuous Monitoring and Quality Improvement System;
10. The qualified vendor shall adhere to AzEIP procedures for safeguarding a family's right's under IDEA, Part C; and
11. The qualified vendor shall submit the required service reports, billing invoices, child and family data, personnel data, and information as requested by the DES/DDD and AzEIP:

- a. The qualified vendor shall submit family, personnel, and program data as required by DES/DDD and AzEIP;
- b. The qualified vendor shall complete cost-effectiveness studies as requested by DES/DDD and review results with DES/DDD representative;
- c. The qualified vendor shall submit financial data as required, including an audited annual financial statement specific to the program; and
- d. The qualified vendor shall provide additional information and data as requested.

FOR REFERENCE:

Team Lead Functions - the team member with the expertise most immediately relevant to the priorities and needs of the child and family.

Team Lead

1. Participate in determination of team lead for the initial planning process based on available referral information;
2. Review all available referral materials, such as developmental and/or medical records;
3. Facilitate and document discussions with family about their priorities, resources concerns and interests related to their child's development;
4. Implement screening, if necessary, to determine the need for evaluation
5. Obtain parental consent for any needed evaluation; Provide consent to service coordinator;
6. Provide prior written notice to family regarding: refusal to evaluate; or proposal to identify;
7. Plan multidisciplinary evaluation and assessment of all areas of development, including involvement of other team members, as tools, to be used;
8. Conduct an evaluation and assessment, as needed;
9. Write a single, team evaluation and assessment report that synthesizes information from all team members; facilitate review and finalization process, including signatures;
10. Working with DDD and other team members, determine AzEIP eligibility based on review and synthesis of developmental information from assessment, evaluations, pertinent records, family report, observation, and other sources of information; and
11. If the child is eligible, facilitate the discussion that leads to the development of the initial IFSP to be written by the DDD service coordinator.
12. Implement services as identified on the IFSP;
13. Facilitate direct involvement and consultation from other team members consistent with IFSP goals and objectives to ensure that early intervention activities and strategies are tailored appropriately to facilitate attainment of the IFSP outcomes and reflect the priorities of the family;
14. Identify and implement strategies that support attainment of the IFSP outcomes;
15. Document activities, discussions and progress toward outcomes;

16. Prepare and submit quarterly integrated progress reports to the child's service coordinator and other team members. If the service coordinator is contracted for, then also provide progress reports to Division representative;
17. Act as liaison between the family and team members ensuring that the team members are aware of the family's changing priorities and needs, and, as appropriate the need to reconvene the IFSP team more frequently than required 6-month intervals;
18. Facilitate the discussion of the annual and 6-month IFSP reviews, or more frequently as needed, for documentation by the service coordinator;
19. If the team lead changes to reflect new priorities and IFSP outcomes, facilitate transition to new team lead; and
20. Plan and participate in transition activities as outlined in the ADE and DES IGA. Fulfill the role of "representative of the family's IFSP."

Team Member Functions

Team Member

1. Participate in determination of team lead for the initial planning process based on available referral information;
2. Participate in the planning of evaluation and assessment activities, tools, strategies, etc;
3. Conduct evaluation and assessment under direction of the team lead;
4. Submit written evaluation and assessment information to be included in the report; review assessment and evaluation report; sign report;
5. Make a recommendation of AzEIP and DDD eligibility; and
6. Participate in the development of the initial IFSP.
7. Provide support and consultation to team lead as identified on the IFSP;
8. Identify strategies that address all developmental domains and support attainment of the IFSP outcomes and support the team lead in implementing;
9. Review and, if appropriate, contribute to quarterly integrated progress reports;
10. Participate in the annual IFSP and 6-month reviews or more often if needed; and
11. Participate in transition as appropriate to support the team lead in fulfilling role of "representative of the family's IFSP" as outlined in the ADE and DES IGA.

Team Lead and Team Member - General

1. Participate in supervision and mentoring opportunities; and
2. Participate in and provide cross-disciplinary training and technical assistance

Division of Developmental Disabilities Personnel

1. Act as the service coordinator through the initial planning process;
2. Act as the service coordinator during the ongoing service delivery process if service coordination is retained by the Division;
3. Receive referral from the community;
4. Review referral information;
5. Log in referral;

6. Make initial contact with the family and explain their procedural rights and safeguards, the early intervention program and system;
7. Obtain written consent from the parent or legal guardian to request medical, health, developmental, and any other records that may support a decision of AzEIP and DDD eligibility;
8. If the child is a ward of the State at the time of referral, the Division's service coordinator will coordinate with the CPS case manager to determine who will represent the child's educational interests under IDEA, Part C;
9. If the child needs a surrogate, the Division's service coordinator will work with the AzEIP Program Coordinator to identify a surrogate parent. The surrogate's name and contact information will be provided to the CPS case manager to be submitted for court appointment or ratification;
10. Designate the qualified vendor that will continue the initial planning process as outlined in the functions of the team lead and team member functions in the initial planning process;
11. If evaluation is needed to determine eligibility, work closely with the initial team lead and participate in evaluation planning to ensure that the information gathered will support a decision of eligibility for AzEIP and DDD and meets the requirements of IDEA, Part C;
12. Ensure that each family is informed of all State and community resources and opportunities in which they are potentially interested and eligible. Facilitate referral if requested by the family;
13. Review all records, assessment and evaluation information and initial planning process information to determine eligibility for DDD and, collaborate with the team lead and other team members involved in assessment and evaluation to determine AzEIP eligibility;
14. Document the decisions of eligibility and share with the family and team lead.
15. Provide prior written notice regarding eligibility decision;
16. When the child is eligible, schedule the IFSP with the family, team lead, other team members involved in the assessment and evaluation, personnel from other AzEIP service providing agencies, if appropriate, and others, as appropriate;
17. Participate in the development of the initial IFSP, including documentation of the discussion and completion of the IFSP documents;
18. If the Division retains the role of service coordinator, identify and coordinate timely access to professionals who will provide other early intervention services identified on the IFSP, but not procured through the core team:
 - a. Coordinate services across team members and across agency lines;
 - b. Serve as a single point for families to obtain all of the Part C services identified on the IFSP;
 - c. Monitor the delivery of all services identified on the IFSP;
 - d. Document service coordination and service delivery; and
 - e. Facilitate the transition to Part B or other appropriate services as outlined in the IGA between DES and ADE. The service coordinator must fulfill all roles and functions designated for the AzEIP service coordinator.
19. If the Division assigns the function of service coordination to a qualified vendor, ensure a successful transition to the ongoing service coordinator.

Definitions of Core Team Services

Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include--

1. Identification, assessment, and intervention;
2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include--

1. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Psychological services include--

1. Administering psychological and developmental tests and other assessment procedures;
2. Interpreting assessment results;
3. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
4. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Service/support coordination services means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Sec. 303.23. This includes:

1. Assisting and enabling child's family to receive the rights, procedural safeguards, and services authorized to be provided by the state of Arizona's early intervention program, AzEIP, by:
 - a. Coordinating all services across agency lines
 - b. Serving as a single point of contact assisting parents in gaining access to the early intervention services and other services identified in the IFSP,

coordinating the provision of early intervention services and other services that the child needs, facilitating the timely delivery of available services, continuously seeking the appropriate services and situations necessary to benefit the development of the child

- c. Coordinating the performance of evaluations and assessments
 - d. Participating in the development, review writing, and evaluation of the IFSP
 - e. Assisting families in identifying available service providers
 - f. Coordinating and monitoring the delivery of services
 - g. Informing families of the availability of advocacy services
 - h. Coordinating with medical and health providers
 - i. Facilitating the development of a transition plan to preschool services
2. During the initial planning process the service coordination function shall be performed by DDD personnel.

Social work services include--

1. Making home visits to evaluate a child's living conditions and patterns of parent/caregivers-child interaction;
2. Preparing a social or emotional developmental assessment of the child within the family context;
3. Providing individual and family-group counseling with parents and other family members;
4. Providing appropriate social skill-building activities with the child and parents/caregiver;
5. Working with problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
6. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Special instruction includes--

1. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
4. Working with the child to enhance the child's development.

Speech-language pathology includes--

1. Identification of communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

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2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
3. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.